

FILED

10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS

JAN 18 2008

IN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVIT

MICHAEL W. DOBBINS

CLERK, DISTRICT COURT

James L Leach

Plaintiff

v.

SBM maintenance Contractors INC.

Defendant(s)

08 C 50011

CASE NUMBER 440-2007-06389JUDGE KAPALA

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, James L Leach, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)
I.D. # _____ Name of prison or jail: _____

Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: _____

2. Are you currently employed? ☒ Yes ☐ No
Monthly salary or wages: _____

Name and address of employer: SBM maintenance Contractors INC.
1438 Brook Dr. Downers Grove IL 60130

a. If the answer is "No": Tom Rotator cut off work Dr.
Date of last employment: 12-7-07 only working at time part time
Monthly salary or wages: \$9.70 hr 20 hours a week
Name and address of last employer: 10-200 pm They take for child support

b. Are you married? ☐ Yes ☒ No

Spouse's monthly salary or wages: _____
Name and address of employer: _____

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages

Amount _____ Received by _____ ☐ Yes ☒ No

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☒ Rent payments, ☐ interest or ☐ dividends ☒ Yes ☐ No
Amount \$690 Received by Robert + Peggy Murray
Had second job
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☒ workers' compensation, ☒ unemployment, ☐ welfare, ☐ alimony or maintenance or ☒ child support ☒ Yes ☒ No
Amount \$236 bi-weekly Received by Tia Daughtry / Monica Martin
GCA Job child support taken
\$236 Total took out child support (50% mother's)
not yet getting still looking into
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents
I have four children 3 sons 1 daughter
child support \$236.00 bi-weekly
Have custody of one son for 12 years now.

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 1-17-08

James H. Leach
Signature of Applicant

James H. Leach
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

CRUSADER CLINIC ON WEST STATE STREET
1200 West State Street, Rockford, Illinois 61102-2112
815/490-1600/V/TDD

CRUSADER CLINIC ON BROADWAY, Rockford, IL
CRUSADER CLINIC BELVIDERE, Belvidere, IL
CRUSADER COMMUNITY CLINIC, Freeport, IL

CRUSADER CLINIC
MEDICAL / DENTAL
RELEASE

INSTRUCTION BOX

Complete and give original to
patient and file copy in chart.

DATE: 12/20/07

PATIENT: James Leach DOB: 3/08/70

This is to certify that James Leach
has been examined and treated at Crusader Clinic today.

RESTRICTIONS

Mr. James Leach cannot do any lifting or
repetitive work with his @ arm / shoulder due
to his @ shoulder Rotator Cuff tear and
shoulder pain. These restrictions should be

REMARKS

Started on 12/17/07 and extend thru January
9th. He has been referred to Orthopedic Surgeon
for possible shoulder surgery, thus these restrictions
will be extended when we learn more details of
his treatment plan. Thanks.

M. Crabb, PA C
Name / Signature

	MD	PA	NP		CNM		DDS
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CRUSADER CLINIC
MEDICAL / DENTAL
RELEASE

INSTRUCTION BOOK

Complete and give original to
patient and file copy in chart.

DATE: 1/8/07/11

PATIENT: James Leach DOB: 3/08/70

This is to certify that James Leach
has been examined and treated at Crusader Clinic today.

RESTRICTIONS

Mr. James Leach has an anterior leading edge
Supraspinatus tendon tear in Rotator Cuff,
tendonitis of Supraspinatus tendon, and AC
joint hypertrophy. In my opinion, Mr. Leach

REMARKS

injured his Rt shoulder during the fall he
suffered at his job after he was electrocuted
by the Exit Light fixture. Thanks.

I will be referring him to an orthopedist specialist.

D. Campbell, PA-C
Name / Signature

	MD		<input checked="" type="checkbox"/> PA		NP		CNM		DDS
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